EPI INVESTIGATOR

The Alachua County Health Department

WINTER QUARTER 2006

"Improving Public Health in Our Community Through Cooperation"

Alachua County Health Department
(352) 334-7900

To report a disease, phone or fax the appropriate office below:

Director
Tom Belcuore, MS
Tom_Belcuore@doh.state.fl.us
(352) 334-7902

Environmental Health
Director Paul Myers, MS
(352) 334-7931

Epidemiology
Jerne Shapiro, MPH
(352) 334-7930
Fax:(352) 334-7935

HIV/AIDS Surveillance
Rick Trachsel
(352) 334-7968
Patti Carnuccio
(352) 334-7967

Lead Poisoning
Jerne Shapiro, MPH
(352) 334-8827

Sexually Transmitted Disease
George Gibbs
(352) 334-7900 ext 3471 or 3470
Fax: (352) 334-8818

Tuberculosis
Gail Beard, RN
(352) 334-7988

Alachua County Health Department
www.alachuacountyhealth.org

FLORIDA DEPARTMENT OF HEALTH

Chronic Hepatitis B Infection in Asian & Pacific Islanders

Mary Jean Linn, RN, MURP
Hepatitis Coordinator

Among the 400 million people worldwide with chronic Hepatitis B virus (HBV) infection, 75% reside in Asia. In the United States 1 in 10 Asian Pacific Islanders (API's) are infected with HBV compared to 1 in 1,000 in the general U.S. population. Foreign born API's have a much higher prevalence of HBV than those born in the U.S. (9% v. 1.4% respectively).

Without treatment or monitoring, 1 in 4 Hepatitis B patients will die from liver cancer or liver failure. Many HBV carriers are not aware of their disease status; more than 2/3 of HBV cases have no symptoms or have unrecognized flu-like symptoms. Thus, screening is vital in the identification of cases and prevention of further transmission.

Chronic HBV carriers can be identified by testing for Hepatitis B surface antigen (HBsAg). All pregnant women should be tested for Hepatitis B (HbsAg). Among foreign-born API's, perinatal transmission is the most common mode of infection. Even if a woman has received the vaccine, she cannot assume she is HBV negative unless she has been tested for HBsAg. Hepatitis B vaccination will not provide protection for someone who is already infected with HBV. To check for immunity test for Hepatitis B surface antibody (HBsAb). Both these tests should be drawn at the same time.

Individuals who are HBsAg positive should receive regular check ups (ALT, AFP, and ultrasound), avoid alcohol and be vaccinated for hepatitis A. If lab results are abnormal treatment can be offered. For further information please visit the CDC web site at http://www.cdc.gov/ncidod/diseases/hepatitis/b/hbv_silent_killer.pdf.

Additional information is available from the Asian Liver Center at http://liver.stanford.edu/.

Hepatitis B cases:	
2004 Jan –Nov	126
2005 Jan –Nov	77

Enhanced U.S. Surveillance, Diagnostic Evaluation, and Infection Control Precautions for Avian Influenza A (H5N1)

Florida Bureau of Epidemiology

CDC recommends maintaining the enhanced surveillance efforts by state and local health departments, hospitals, and clinicians to identify patients at increased risk for avian influenza A (H5N1).

Guidelines for enhanced surveillance are:

Testing for avian influenza A (H5N1) is indicated for hospitalized patients with:

◊ radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established,

AND

◊ History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans.

Avian Flu virus

(Continued on page 2)

Precautions for Avian Influenza A *(cont'd)*

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with local health departments for hospitalized or ambulatory patients with:

◊ Documented temperature of >38°C (>100.4°F),

AND

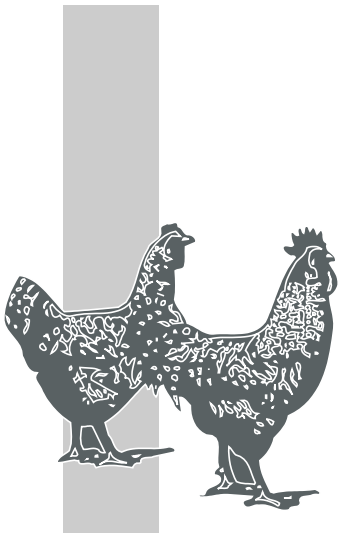
One or more of the following:

◊ cough, sore throat, shortness of breath

AND

◊ History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5NI-affected country within 10 days of symptom onset.

For consultation on possible human cases of avian influenza contact the Alachua County Health Department at 352-334-8827.



Chlamydia cases :

2004	Jan –Nov	889
2005	Jan –Nov	1030

Gonorrhea cases :

2004	Jan –Nov	417
2005	Jan –Nov	486

HIV/AIDS cases -see article *page 4*

Alachua County HIV/AIDS cases

New HIV cases :

2004	Jan –Nov	45
2005	Jan –Nov	28

New AIDS cases :

2004	Jan –Nov	50
2005	Jan –Nov	34

Area 3 (11 counties) HIV/AIDS cases

New HIV cases :

2004	Jan –Nov	118
2005	Jan –Nov	100

New AIDS cases :

2004	Jan –Nov	131
2005	Jan –Nov	110

Urine Based Testing for Chlamydia and Gonorrhea via Nucleic Acid Amplified Technology Testing Available at Select CHDs

The Florida Bureau of STDs

In Spring 2005, the Bureau of STD Prevention and Control offered County Health Departments (CHDs) in Florida the chance to pilot the latest technology in urine testing for chlamydia (CT) and gonorrhea (GC). This second-generation nucleic acid amplification test (NAAT) for chlamydia and gonorrhea has been made available to interested CHDs through a shared cost memorandum of agreement. The advantages of the NAAT include ease of use, storage, and shipping, acceptance by clients, and improved sensitivity. Table 1 compares the sensitivity and specificity by Test Type for CT and GC.

Table 1. Comparison of Sensitivity and Specificity by Test Type for CT and GC

	CT sensitivity	CT specificity	GC sensitivity	GC specificity
DNA Probe (Pace 2C)	65%	98%	98%	99%
NAAT (Aptima)	98%	99%	99%	99%

What is the clinician's role in changing to urine-based testing? The patient collects a first void urine specimen without any cleansing of the area (the clinician may choose to collect a urethral or cervical specimen using NAAT technology instead of using urine-based). The patient is advised to collect only 20 -30 cc of the first void urine, at least one hour after the last urination. Trained staff then transfer two to three cubic centimeters of the voided specimen, by pipette to the transport tube (provided in the test kit). If the clinician and client prefer a urethral or cervical specimen, the procedure is similar to the Pace2C collection procedure, except that a cleansing swab (white shaft swab provided in the kit) is used first and discarded.

Men are believed to be reservoirs of CT infection as they remain an under tested population in Florida. It has been reported in several studies that up to 70% of infected men may be asymptomatic. Before the availability of the NAAT to CHDs, men could only be tested by urethral swabs. NAATtesting may increase the number of males accepting CT and GC testing.

Please direct inquiries to Mary Fleming Tollefsen at the Bureau of STD, (850) 245 4315 or SC 205 4315. Complete instructions for collection and shipping are available at http://dohiws.doh.state.fl.us/Divisions/Disease_Control/std/fipp.html.

The "Pink Book"

Sherry Windham
ACHD Immunization Supervisor

The "Pink Book" (officially titled *Epidemiology and Prevention of Vaccine Preventable Diseases*) is developed and published by the National Immunization Program/Center for Disease Control and distributed by the Public Health Foundation. It provides physicians, nurses, pharmacist and other healthcare professionals with comprehensive vaccine information and recommendations.

Materials in the book include:

- General recommendations on immunizations, including timing and spacing of vaccines
- Screening for contraindications and precautions such as pregnancy and HIV infection
- Specific strategies to achieve high vaccine coverage in your practice
- Vaccine safety information
- Vaccine handling and storage recommendations
- Vaccine administration guidelines
- Translations of Foreign-Language terms

……And the list goes on.

The ninth edition of the "Pink Book" will be available in February 2006. The cost is $25 for prepublication orders received by January 8, 2006. After January 8, 2006, the price increases to $29. The ninth edition will include information on:

- Pertussis (to reflect licensure of Tdap vaccine [tetanus-diphtheria-acellular pertussis] and recommendations for its use)
- Meningococcal (to reflect licensure of conjugate vaccine and recommendations for its use)
- Hepatitis A (to reflect the universal recommendation for children 12-23 months of age and reduction of the minimum age from two years to 12 months of age)
- Measles, mumps, rubella, and varicella (to reflect the licensure of MMRV vaccine [measles-mumps-rubella-varicella])

I am sure that you will find the book to be very resourceful and a valuable tool for your practice.
It is also available online at http://www.cdc.gov/nip/publications/pink/.

FLORIDA REPORTABLE DISEASES *Alachua County 2 year activity*

Disease Activity	(Jan– Nov) 2005	(Jan– Nov) 2004	2004 Cum
AIDS	34	50	55
Animal Bites to Humans	38	26	26
Anthrax	0	0	0
Botulism	0	0	0
Brucellosis	0	1	1
Campylobacteriosis	15	20	21
Chancroid	0	0	0
Chlamydia trachomitis	1030	889	1091
Ciguatera	0	0	0
Creutzfeldt-Jakob Disease (CJD)	0	0	0
Cryptosporidiosis	1	0	0
Cyclosporiasis	13	0	1
Dengue	1	0	0
Diphtheria	0	0	0
Ehrlichiosis, human	1	1	1
Encephalitis			
Eastern Equine	0	0	0
Non-arboviral	0	0	0
Other arboviral	0	0	0
St. Louis	0	0	0
Venezuelan Equine	0	0	0
West Nile	0	0	0
Western Equine	0	0	0
E.coli 0157:H7	0	2	2
E.coli, Other (known sero)	0	1	1
Epsilon toxin of *Clostridium perfringes*	0	0	0
Giardiasis (acute)	18	11	11
Glanders	0	0	0
Gonorrhea	486	417	522
Granuloma Inguinale	0	0	0
Haemophilus influenzae, inv disease	2	0	1
Hansen's Disease (Leprosy)	0	0	0
Hantavirus infection	0	0	0
Hemolytic Uremic Syndrome	0	1	1
Hepatitis A	2	3	3
Hepatitis B	77	126	131
Hepatitis C	409	506	545
Hepatitis non-A, Non B	0	0	0
Hepatitis, Other (including unspecified)	0	0	0
Hepatitis B surface antigen + in pregnant women or child < 24 months	5	22	23
Herpes Simplex Virus in < 6mo of age	2	0	0
HIV	28	45	46
Human Papillomavirus (HPV) <12 yrs	1	0	0
Lead Poisoning	2	2	2
Legionellosis	2	1	1

Disease Activity (cont'd)	(Jan– Nov) 2005	(Jan– Nov) 2004	2004 Cum
Leptospirosis	0	0	0
Listeriosis	0	0	0
Lyme Disease	0	5	6
Lymphogranuloma Venereum	0	0	0
Malaria	2	0	0
Measles	0	0	0
Melioidosis	0	0	0
Meningitis (Bacterial & Mycotic)	3	0	0
Meningococcal (*Neisseria Meningitidis*)	1	3	3
Mercury Poisoning	0	0	0
Mumps	0	0	0
Neurotoxic Shellfish Poisoning	0	0	0
Pertussis	25	2	2
Pesticide-Related Illness or Injury	0	0	0
Plague	0	0	0
Poliomyelitis	0	0	0
Psittacosis	0	0	0
Q fever	0	1	1
Rabies Human	0	0	0
Rabies Animal	11	16	16
Ricin Toxin	0	0	0
Rocky Mountain Spotted Fever	2	1	2
Rubella	0	0	0
Salmonellosis	98	79	83
Saxitoxin poisoning paralytic shellfish poisonings	0	0	0
Shigellosis	4	4	4
Smallpox	0	0	0
Staphylococcus aureus, Vancomycin non-susceptible	0	0	0
Staphylococcus enterotoxin B	0	0	0
Streptococcal Disease group A inva	0	0	0
Streptococcal pneumoniae invasive	23	17	19
Syphilis	17	5	5
Tetanus	0	0	0
Toxoplasmosis (acute)	0	0	0
Trichinosis	0	0	0
Tuberculosis	8	2	5
Tularemia	0	0	0
Typhoid Fever	0	0	0
Typhus Fever	0	0	0
Vaccinia Disease	0	0	0
Vibrio Infection	2	1	2
V. cholerae Serogroup Type 01 and non-01	0	0	0
Viral Hemorrhagic Fever	0	0	0
Yellow Fever	0	0	0

Also reportable:

Any disease outbreak (e.g., in the community, hospital, or other institution; or foodborne or waterborne)

Any grouping or clustering of patients having similar diseases., symptoms or syndromes that may indicate the presence of a disease outbreak

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UNAIDS Report for 2005

UNAIDS

The UNAIDS released its AIDS epidemic update November 21, 2005. The startling facts are as follows:

Number of people living with HIV in 2005:
40.3 million (38 million adults, 17.5 million women)

People newly infected with HIV in 2005:
4.9 million (4.2 mil adults, 700,000 children < 15 yrs.)

AIDS deaths in 2005:
3.1 million (2.6 mil adults, 570,000 children < 15 yrs.)

The UNAIDS report further states:

"AIDS has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history."

"There is ample evidence that HIV does yield to determined and concerted interventions. Sustained efforts in diverse settings have helped bring about decreases in HIV incidence among men who have sex with men in many Western countries, among young people in Uganda, among sex workers and clients in Thailand and Cambodia, and among injecting drug users in Spain and Brazil. Now there is new evidence that prevention programs initiated some time ago are finally helping to bring down HIV prevalence in Kenya and Zimbabwe, as well as urban Haiti."

"The increase in the proportion of women being affected by the epidemic continues….In many countries, marriage, and women's own fidelity are not enough to protect them against HIV infection. …Many had been infected despite staying faithful to one partner. …The male latex condom is the most efficient available technology to reduce the sexual transmission of HIV and other STDs. … A new cheaper version of the female condom has potential…"

This leads to one of the UNAIDS essential policy actions for HIV prevention, which is to "promote gender equality and address gender norms and relations to reduce the vulnerability of women and girls, involving men and boys in this effort."

The full report is available at:
http://www.unaids.org/epi2005/index.html

In response to the UNAIDS report Amy Knop-Narbutis from Opinion magazine writes the following:

"Take a look at your watch for the next 60 seconds. Every second, someone in the world is newly infected with tuberculosis. Every six seconds, someone is infected with HIV. Every 10 seconds, someone dies of AIDS. Every 15 seconds, someone dies of tuberculosis. Every 30 seconds, a child dies of malaria. During the one minute you have set aside to read this article, at least 70 people have been infected with potentially deadly diseases and 12 have died from them."

(see area HIV/AIDS case numbers on page 2)

JS/06

FLORIDA DEPARTMENT OF HEALTH

Alachua County Health Department

Alachua County Health Department
Epidemiology Department
224 SE 24th Street
Gainesville, FL 32641

Phone: (352) 334-7900
Fax: (352 334-7935